

Case Number:	CM13-0009998		
Date Assigned:	09/17/2013	Date of Injury:	08/03/2010
Decision Date:	01/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 43 year old woman who was involved in a work related injury on 8/3/2010. Prior treatment includes physical therapy, epidural lumbar injections, trigger point injections, transforminal right L5-S1 fusion and other surgical procedures, and oral medications. She has constant bilateral shoulder pain, numbness in both hands, constant to severe moderate/severe low back pain radiating to her lower extremities, and near constant right leg pain, weakness, numbness/tingling in her foot. Her primary diagnoses are chronic regional pain syndrome, post multiple compression fractures, right lower extremity radiculopathy, and spinal stenosis. She has not had prior acupuncture treatment and it is being requested to help reduce myospasms and to prevent the worsening of her CRPS. There is a concurrent request for a spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 1x/wk x 12wks, lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial acupuncture trial consists of 3-6 treatments. Further acupuncture visits after an initial trial are only medically necessary with documented functional improvement. Functional improvement is defined as a

clinically significant improvement in activities of daily living or a reduction in work restrictions. Therefore the request of 12 treatments exceeds the recommendation for an initial trial. A request of 3-6 treatments would be medically necessary and further visits may be necessary upon documented functional improvement. The request for acupuncture 1x/wk x 12wks, lower back is not medically necessary and appropriate